Proponent Testimony for House Bill 11
Senate Health, Human Services & Medicaid Committee
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November 13, 2019

Good Afternoon Chairman Burke, Vice Chair Huffman, Ranking Member Antonio, and members of the Health, Human Services & Medicaid Committee.

My name is Spencer Cahoon, I'm an attorney, Bexley resident, and host & producer of the Emerging State Policy podcast. In the podcast we look at the research, impact, and political leaning of lesser known state policies. For our second episode, we focused on group prenatal care and its most common implementation; the CenteringPregnancy model. I have reviewed numerous research studies about the outcomes of CenteringPregnancy compared to traditional individual prenatal care, and have discussed the matter with Dr. Valerie Good, a family medicine doctor using the CenteringPregnancy model, Angie Truesdale, CEO of the Centering Healthcare Institute, and New Jersey Senate Republican Leader Thomas Kean, who sponsored a bill supporting expanded use of CenteringPregnancy in that state. From that background, I am here today to testify in support of the group prenatal care provisions of HB11.

Group Prenatal Care, under the CenteringPregnancy Model, empowers health care providers to offer standard prenatal care visits[1] in a group setting of 8-10 women expecting to deliver around the same time. This group meets with their doctor and an additional facilitator for ten 1 ½ to 2-hour sessions. It allows for education and discussion surrounding pregnancy, child birth, and child care. This process also builds social support systems for expecting mothers while simultaneously reducing stress.

Ohio, on average, has over a thousand preterm babies born each month.[2] Various studies suggest that group prenatal care, through CenteringPregnancy, has the potential to reduce preterm birth rates by 19-47%, which would prevent thousands of preterm births each year if it were implemented at scale in Ohio. This approach also reduces or eliminates the racial disparity in preterm birthrates[3]; in recent years Ohio has had a 49% higher preterm birthrate for black compared to white mothers[4].

The National Academy of Medicine published a 2006 report examining 2003 medical billing data to find that preterm births cost the US $26.2 billion dollars annually; with 40% of that cost coming from Medicaid and about 50% coming from employers, private

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[1] On the American College of Obstetrics and Gynecology schedule https://www.uhccommunityplan.com/assets/healthcareprofessionals/clinicalguidelines/ACOG_Perinatal_Care_Guideline_Summary_7th.pdf
[2] March of Dimes Peristats – Ohio Prematurity Profile https://www.marchofdimes.org/peristats/tools/prematurityprofile.aspx?reg=39
[3] See https://www.ncbi.nlm.nih.gov/pubmed/17666608 & https://www.ajog.org/article/S0002-9378(16)31441-7/pdf
[4] See fn 2.

insurance, and individuals. Ohio's share is $968 million dollars annually[5] in 2003 dollars, which equates to about $1.68 billion dollars annually in 2019 dollars[6]. Providing startup funding to expand the use of group prenatal care helps our children be healthier, reduces racial disparities, and recovers some of that ongoing cost which burden our citizens, employers, economy, and limited Medicaid resources.

This grant funding is critical to expanding group prenatal care, since healthcare providers must currently pay the upfront costs to implement and teach their staff this new system. Currently, they do not normally receive any higher reimbursement that would help them to otherwise recapture those costs. The savings accrues to Medicaid, insurance companies, and individuals down the line. This disconnect, between the party paying the implementation costs and the party realizing the savings from improved health care outcomes, has stood in the way of broader implementation of group prenatal care. These grant funds help address that disconnect by covering the upfront costs associated with starting a group prenatal care program, so that providers are incentivized to implement this powerful model and achieve the related improved patient outcomes and system savings.

By supporting this bill, we will follow in the footsteps of other states that have supported group prenatal care through either grant funding, enhanced reimbursement rates, or both. This includes North Carolina, New York, Georgia, South Carolina, Montana, Louisiana, Virginia, and New Jersey. Thank you, Chairman Burke, and the Health, Human Services & Medicaid Committee for your time and consideration regarding HB11. I am available to answer any questions you may have at this time.

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[5] Comparing the US preterm birth rates to Ohio preterm birth rates (based on March of Dimes Peristats) and multiplying the resulting percentage by the US total cost.
https://www.marchofdimes.org/peristats/Peristats.aspx

[6] Applying the Bureau of Labor Statistics consumer price index – medical care services were 74% higher 2019 vs. 2003 (CPI of 532.360 vs. 305.969)
http://www.in2013dollars.com/Medical-care-services/price-inflation/2003-to-2019?amount=968